

NON PAR PROVIDER/PRACTITIONER SET-UP CHECKLIST

**PLEASE INCLUDE THE FOLLOWING INFORMATION FOR A NON PAR SET UP
REQUEST**

INSTRUCTIONS

*In order to ensure accurate set-up for
provider/practitioner non par set-up
request received due to pre-authorization,
the following information is require (as
applicable):*

NETWORK (S)

Medicaid, Medicare, Ambetter

START DATE

Month-Day-Year

PROVIDER NAME

Group/Org/Business Name

**TAX IDENTIFICATION
NUMBER (TIN) (9 #s - EIN)**

PROVIDER/GROUP NPI

SERVICE LOCATION

(can NOT be a P.O.Box)

PHONE NUMBER

BILLING ADDRESS

(P.O. Box or physical location)

SPECIALTY

(Taxonomy code & description)

PRACTITIONER NAME

(Full name with degree)

**PRACTITIONER/INDIVIDUAL
NPI**

SERVICE LOCATION

(can NOT be a P.O. Box)

PHONE NUMBER

BILLING ADDRESS

SPECIALTY

Box 56 form UB04
Box 33 form CMS 1500
Box 33 form CMS 1450
(10 Numbers long)
Either Type 2 NPI, or
Type 1 Sole Proprietor

Box 76, 77 UB04
Box J CMS 1500
Box J CMS 1450
(10 Numbers long)

* PLEASE INCLUDE A SIGNED W9 WITH YOUR SUBMISSION.

*If you are billing for Medicaid, please add your Medicaid Biller ID for AHCCCS from State of Arizona
Medicaid Biller ID can be assigned by facility for CMS 1450/UB04
Medicaid Biller ID can be assigned to rendering service provider for professional services
ROPA criteria must be met to receive Medicaid payments.

<https://www.azahcccs.gov/PlansProviders/NewProviders/ROPA.html> (MEDICAID BILLER ID)

<https://npiregistry.cms.hhs.gov/> (CMS.Gov Taxonomy Code with Specialty Descriptions for CPT billing)
Used for Medicare and Ambetter